

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1	
2		1				1
3	1				1	
4		1				1
5		1				1
6		1				1
7		1				1
8		1				1
9		1				1
10	1				1	
11		1				1
12		1				1
13		1				1
14	1				1	
15		1				1
16		1				1
17		1				1
18		1				1
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50						
TOTAL IND.		↓		↓	4	↓
TOTAL DEP.		↓		↓	20	↓
TOTAL CLAIMS					24	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS